

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Andrea Basso

Serial No.: **10/057,063**

Filed: **January 25, 2002**



: Attorney Ref.: **2001-0045**
: Art Unit: **2623**
: Examiner: **Chong R. Kim**

FOR: DIGITALLY-GENERATED LIGHTING FOR VIDEO CONFERENCING APPLICATIONS

SUBMISSION OF DRAWINGS

MAIL STOP: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-Final Office Action, please find attached a replacement set of drawings.

Respectfully submitted,

Date: January 20, 2005

Correspondence Address:
Samuel H. Dworetzky
AT&T Corp.
Room 2A-207
One AT&T Way
Bedminster, NJ 07921

By: Richard C. Irving
44166

Richard C. Irving
Attorney for Applicants
Reg. No. 38,499
Phone: 410-414-3056
Fax No.: 410-510-1433

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JAN 2 2005
PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/057,063
		Filing Date	January 25, 2002
		First Named Inventor	Andrea Basso
		Art Unit	2623
		Examiner Name	Chong R. Kim
Total Number of Pages in This Submission		Attorney Docket Number	2001-0045

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>Post card</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Isaacson, Reg. No. 44166
Signature	
Date	January 20, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Thomas M. Isaacson
Signature	
Date	January 20, 2005

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